



HIPOCRATES IN TEMPLE ASCULAPII TABULAS VOTIVAS DESCRIBENS.

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[NO. 1.]

ONCE in each month we propose to remind the reader, by the above design, of the mode in which the great HIPPOCRATES acquired the art for which he became so distinguished. It was then, as now, the recorded experience of others, which formed the basis of medical improvement. To those conversant with the mythology of the Greeks, it is well known that those heroes who had performed peculiar services for mankind had temples erected to them, the ceremonies of which were confided to a consecrated body of priests. ESCULAPIUS, who was regarded as peculiarly the god of Medicine, had numerous temples, both in Greece and Asia Minor. Of these, the earliest celebrated was that of Epidaurus; but that of Cos, the residence of Hippocrates, became afterwards the most famous.

It was natural to a superstitious age to suppose that the disposition and the power which Esculapius had exhibited, when among men, would still be manifested towards his faithful worshipers. The sick, therefore, repaired to his temple to be healed. The oracles of the god were generally given in dreams, suggested no doubt by the excited imagination of the devotee, but interpreted by the priests, who were thus enabled to prescribe such remedies as their wisdom or policy should direct. Many of these were trifling and extravagant; but at a later period, orators, philosophers and students attended the temples, and aided the priests in their interpretations and prescriptions. When these prescriptions were successful, and the patients were cured, they offered in the temples votive tablets, on which were inscribed the character of the disease, and the ceremonies or medicines which had been instrumental in their cure. So, also, when any one discovered a new remedy, or invented a surgical instrument, a record was made in these temples. Thus did they become the repositories of valuable documents for those engaged in the study of the healing art.

It was here, in these temples, that Hippocrates acquired a knowledge of the experience of former times. It was the histories engraven on these tablets that suggested and sanctioned, to a discerning and philosophical mind, principles of practice, the light of which remains unobscured by the researches of all subsequent ages.

We have only, in conclusion, to invite the medical reader to hang up his tablets in this our temple, that the result of his experience, like that of the men of ancient days, may be the means of enlightening the minds and relieving the sufferings of others.

## DIGITALIS IN AMENORRHOEA.

*On the Use of Digitalis in Amenorrhœa—Paramenia Obstructionis, with Cases of its successful Administration.* By W. T. S. CORNETT, of Versailles, Indiana.

So far as I know, Digitalis has never as yet been noticed by the profession as possessing emmenagogue properties, nor is it my purpose in this paper to contend that it exerts any direct or specific influence over the functions of the uterus, a remark which, I think, may with propriety be extended to the whole catalogue of Emmenagogue Medicines; but that in certain circumstances Digitalis may be used with success in Amenorrhœa, and even where the ordinary remedies used in such cases fail to restore the healthy functions of the uterus, the result of my experience leaves me in not the slightest shadow of doubt. The manner in which my attention was first directed towards this remedy in Amenorrhœa, was, I confess, accidental. I had conceived no views a priori of its *modus operandi* which were calculated to give origin to the belief that it might be used with advantage as an Emmenagogue. About five years since, Miss M—U—, ætat. 19, came under my care, laboring under Paramenia Obstructionis. There had been no appearance of the catamenia for the last twelve months. She was a girl of stout, robust constitution and sanguine temperament. The case was produced by cold, from exposure to the night air. When she came under my care, the prominent symptoms were, pain in the heart, dry hacking cough, almost constant headache, constipation of the bowels, exacerbations of fever every afternoon, pulse small, tremulous, and slightly corded, loss of appetite, sallow complexion, and general anasarca; also, pain in the epigastrium, distension of the stomach, with flatus, acid eructations, &c. In the first place I adopted the usual course in such cases, which it is unnecessary to detail, with no alleviation whatever. The course was pursued until the case had advanced so far toward a fatal termination that I deemed it wholly unnecessary to continue the treatment. Her friends were, however, unwilling for me to discontinue my visits, and insisted on at least a palliative course. With a view of mitigating in some degree the distressing pectoral symptoms, I directed the Tinct. Digitalis, commencing with the usual dose, increasing the quantity daily until the system became sensibly under its influence. The result was, in a short time, relief of the difficulty of breathing, pain in the heart, &c., also subsidence of the hydropic swellings, and a general improvement in appearance. The remedy was continued, with occasional intermissions, to prevent accumulation, for the term of six or eight weeks, when the menses appeared, bringing entire relief to all the symptoms. Within the following six months, one or two interruptions occurred to the regular appearance of the catamenia, but prompt relief was afforded by resuming the Digitalis. It will be proper to remark here, that from the commencement of the administration of the Digitalis, no other medicine was given except an occasional laxative. The result in this case induced me again to have recourse to our medicine in subsequent cases.

CASE 2. In April, A. D. 1830, I was called to attend Miss J—, a hired girl, æt. 18, who had labored under Paramenia Obstructionis for

the last six months, in consequence of having taken cold. When I first saw her she complained of pain in the heart, cough, headache, pain in the back, loins and hips, evening exacerbations of fever, palpitation of the heart, loss of appetite, obstipation intestinum, œdematous swelling of the feet and legs, and leucorrhœa. Previous to my having been employed in the case, she had been treated by another physician without success. I determined to try the effects of the *Digitalis*, with the assistance of no other remedy except an occasional laxative, which was indispensable on account of constipation of the bowels. In nine days after commencing the *Digitalis*, the menses made a partial appearance, attended with considerable pain. The medicine was still continued with an occasional intermission, as in case I., and in four weeks a copious flow of the catamenia, unattended with pain, ensued. Treatment was now discontinued, and my patient resumed her ordinary occupation, free from disease.

CASE 3. In July, 1830, I was called to see Miss M—, who informed me that she had taken cold 18 months previous, which caused suppression of the menses. Medical aid was called in, and after a protracted treatment the menses made a partial appearance at irregular intervals, accompanied by severe pain in the back, loins, &c., constituting an aggravated case of *Dysmenorrhœa*. Her general health had gradually declined. When I was called to attend her she had again taken cold; the effect of which was entire suppression of the menses, accompanied with alarming hæmorrhage from the lungs; she also had pain in the heart, cough, and general emaciation. In the first place, measures were of course taken to arrest the hæmorrhage, after which the *Digitalis* was used alone, as before. In two weeks, under its influence, the menses appeared, unattended with pain. The pulmonary symptoms immediately subsided, and a degree of health was restored, to which she had long been a stranger.

I might enumerate several other cases which would go equally well to establish the utility of *Digitalis* in *Paramenia Obstructionis*, but think it unnecessary. The above cases have been selected because other treatment had been previously adopted without success; and because of their long standing it cannot be reasonably inferred that the *vis medicatrix naturæ* alone produced the cures. It is not my design to enter the list with those who cavil about the *modus operandi* of the *Digitalis*. I have given the result of my experience with it in *Paramenia Obstructionis*, with the full belief that it is a remedy worthy the attention of the profession, in such cases as I have detailed, and hope its merits may be investigated by those who are more competent to judge than myself. It is well known to the profession, that medicines producing apparently the most opposite effects, do, occasionally, under different circumstances, produce a re-appearance of the catamenia. Suppression of the catamenia depends frequently on causes directly opposite, and, of course, the treatment must vary accordingly. Debility and lax fibre are frequent causes; but in my practice, which is chiefly in the country, it is oftener depending on an opposite state of the system; and hence I infer, that *Digitalis* acts favorably by lessening the general excitement and producing that general relaxation of the system, and also of the vessels of the uterus, which is necessary to the re-establishment of healthy action; and also,

it may act favorably by determining to the kidneys. Notwithstanding all the means that have hitherto been employed by the profession, there are yet many cases of Amenorrhoea that wear on until death winds them up. Whether this consequence is sometimes inevitable, or whether it is owing to the yet imperfect state of pathological views and remedial means, I am not prepared to say. But certain I am, that there is no class of affections that calls more loudly upon the energies of the profession. There is no disease to which the female sex is liable, that is regarded with more anxiety, and perhaps none more to be dreaded in its progress toward laying waste the constitution, than disturbed uterine function.

*Western Med. Journ.*

**EDITORIAL NOTE.** Since reading the above article we have met with the following remarks upon the use of digitalis in chlorosis, which without at all detracting from the merit of the author of this essay, go to prove that the tincture of digitalis has been successfully resorted to by other physicians.

'When effusion has taken place into the cavities of the body, occasioning difficult breathing, attended by cedema and a scanty secretion of urine, diuretics are the most efficacious remedies; and of these, the most reliance may be placed on digitalis, of which ten drops of the tincture, with twenty of nitrous ether, may be given three times a day. This medicine, by promoting the secretion of urine, relieves the breathing and other symptoms so effectually that Dr. Hamilton, who was much struck with its effects, recommends it as the most effectual remedy in all the stages of chlorosis; supposing this disease to depend upon a weakened condition of the lymphatic system, which is stimulated by this combination into a healthy activity. Dr. Hamilton prescribes one part of the tinct. of digitalis with two parts of nitrous ether, of which mixture thirty drops may be given every hour, until a copious secretion of urine is produced.—This evacuation being once excited to a considerable amount, he then keeps up an action, both on the kidneys and bowels, by administering such doses of tartar emetic as may be borne without sickness, every six hours. After continuing this treatment for three weeks, he then recommends the tonic remedies, such as steel, the aloetic and stomachic bitters, &c. If vertigo or syncope should occur during the use of digitalis, Dr. Hamilton states that it is effectually relieved by the use of the warm bath.'—*Gooch's Compendium of Midwifery.*

#### IMITATIVE EPILEPSY.

**FEB. 1829.**—Nathaniel Webb, a laborer in a neighboring village, about forty years of age, was seized five months since with epilepsy, as it appeared, from grief at the loss of his wife, as well as anxiety at having been left with a numerous and dependent family. The paroxysms became frequent, exceedingly violent, and probably maniacal; and a strong healthy young man (Shell) was hired to look after him. At the end of seven weeks this person, who had kept his station night and day, became himself epileptic in a very high degree. An acquaintance of his (Newman), of equally robust make, but some years older than himself, occa-

sionally visited the parties. In a fortnight from his first visit he also was seized with similar violent attacks. On the 10th of February, 1829, they both applied at the hospital for relief; but, though coming from the same place, and on the same errand, they avoided each other with the utmost caution—one arriving about an hour after his friend.

I spare you their cases in detail, which, except from the singularity of their origin, were altogether without interest. The treatment consisted of cupping and purgation, and they were soon well. It is believed that Webb, the man originally affected, also recovered.

So stood the case up to September, 1829, when Webb came to the hospital for advice about another complaint, never making the most remote allusion to his epilepsy. When pressed, however, he said that he was not cured, but that he was occasionally attacked by the fits, and that both Newman and Shell had suffered a relapse, but that the latter had had no attack since July. This man (Webb), whose complaints were trifling, soon became irregular in his attendance; and I was unable to get a sight of either of the younger men, or to procure what I conceived to be a true history as to particulars, though I had not the slightest doubt as to the leading facts.

Feb. 24, 1832.—A patient, from Box, applying at the hospital this day, reminded me of the above statement. He says that both the young men are now well, but speaks less positive of Webb. He confirms the whole of their account.

Many cases resembling the above have probably been recorded, but the only one which occurs to my recollection at present is the following, alluded to by Baglivi, who says (lib. i. cap. 14) ‘Vidimus, anno 1690, in Dalmatia, juvenem gravissimis correptum convulsionibus, propterea quod inspererat solummodo alium juvenem, dum epilepsia humi contorquebatur.’

Finally, Mr. Editor, I feel bound to apologize for occasionally troubling you with these unadorned and anything but elaborate cases: but what they might gain in polish they might possibly lose in accuracy; or, more probably, if much *filig* were necessary, be passed by altogether. One word fixed on at the moment is, according to Gray’s phraseology, ‘worth a cart load of recollections;’ and in reports of this sort, it has always struck me that the less of lucubration that accompanied them the better. Without connexion, and without pretence, they may yet aspire to a certain degree of consideration, so long as they are under the guidance of nature and of truth.

‘The Jews,’ it is well said, ‘were commanded to build their altar with stones unhewn and untouched by any tool; and, in like manner, the best materials for natural knowledge are the plain facts themselves, just as they come from nature. He who pretends to new model and polish them, in order to their being adapted more perfectly to his system, has utterly polluted them, and made them unfit for the altar of truth.’

C. H. HARDY, M.D.

*London Medical Gazette.*

TREATMENT OF SCARLATINA.

[The Scarlet Fever commenced its attacks at Hallowell, in the month of March last, and continued with unusual severity until the expiration of the year 1832. The extensive experience and uniform success of Dr. Page, in its treatment, entitle the following remarks to great confidence and attention. We trust this distinguished practitioner will often favor the profession with the fruits of his long and eminent career. Besides the Scarlatina, Dr. P. writes us that sporadic cases of Typhus Syncopalis, or Spotted Fever, have been met with occasionally during the year; but more particularly at the time last Spring, when its existence at Hallowell was announced in this Journal on the authority of another physician of that place.]

**Practical Observations on the Treatment of Scarlatina.** By Dr. B. PAGE, of Hallowell, Me.

[Communicated for the Boston Medical and Surgical Journal.]

Altho' in Maine we have escaped the ravages of the pestilential cholera, we have been visited, during the last year, with the *Scarlet Fever*, which has prevailed extensively as an Epidemic in the State, and swept off many children and young persons in its progress. Some sporadic cases of *Spotted Fever* have also occasionally appeared; and also the Hooping Cough, Measles, and Chickenpox.

But my design in giving the following practical observations to the public, is merely to communicate a mode of treatment in Scarlatina, which I have found, with one exception, uniformly successful in my own practice, during its prevalence the last year; in the hope that it may be the means of rescuing some from a premature death.

The symptoms of this disease are so well described by systematic and other writers, that it is deemed unnecessary to give a detailed account of them here.

Three species belong to Scarlatina (according to Willan, Bateman, and some others). The simple Scarlet Fever is a slight disease, and requires but little attention. A moderate temperature; light diet; mucilaginous drinks, acidulated with lemon syrup, orange juice, or currant jelly; some mild, astringent gargles, and gentle laxatives; are all that are usually required in the treatment. But the other varieties, *Scarlatina Atrophica*, and *Scarlatina Maligna* (for which the remedies here recommended are peculiarly adapted), are far more formidable, and require a more energetic treatment.

If the patient is troubled with nausea and vomiting at the commencement of the malady, I sometimes encourage the sickness with draughts of the infusion of thoroughwort blossoms, or a few grains of ipecacuanha; but I do not always consider it necessary to do this, since the nausea and vomiting often indicate gastric irritation, rather than a foul state of the alimentary canal. In the advanced stage of the disease, however, emetics are sometimes very usefully employed, to dislodge the viscid secretions which may have descended from, or clog the pharynx; and also

when the sloughs on the tonsils are large, or the child breathes with difficulty. In these cases, the sulphate of copper, joined with ipecac., seems the medicine to be preferred.

At the commencement of the attack, the patient should be placed in his bed; take from two to ten grains of the carbonate of ammonia (according to age), in barley water, mullein or sage tea, sweetened with honey; and repeat the dose every two, four, or six hours; and at night, if there is much inquietude or want of perspiration, a dose of camphor, ipecac. and opium, mixed in a powder. These powders are to be continued two or three days only; though in some cases they may again be usefully taken in the second and third stages of the disease.

Should the bowels remain unmoved during eight or twelve hours after the attack, a dose of rhubarb and sulphate of potass (equal quantities mixed) may be taken in a little peppermint or barley water, in sufficient quantity to procure one or two free motions.

The following prescription, from Dr. Thacher's *Modern Practice*, under the head of Scarlatina, I have found very useful as a gargle and for inhaling:—Take a handful of red rose leaves, a piece of myrrh of the size of a nutmeg, and three or four figs; simmer the whole in a pint of pure old cider, the older the better; then strain, and sweeten with pure honey. This is designed to be employed as a gargle; but if the child is incapable of using it in that way, from a teaspoonful to a tablespoonful of it may be swallowed every two hours; and the vapor of it (after being heated) inhaled twice a day.

From a teaspoonful to a tablespoonful of the following capicum\* mixture, which was first used in the West Indies, and which I have prescribed for many years past for this complaint with great satisfaction, is to be administered every two hours, alternating it with the last preparation. It acts both as a general stimulant, and as a local application to the throat:—Take of Cayenne pepper one tablespoonful, and of common salt a teaspoonful; pour on them a gill of boiling water, and to remain till cold; then add an equal quantity of warm vinegar. After standing an hour or two, strain off the liquor through a cloth.

As the disease advances, I prescribe (generally as early as the third day) the following decoction:

R. Cinchona,	3 ss.	} Boil gently, in a covered vessel, in a pint of water, or cider, or wine, ten minutes; and when cold, strain.
Serp. Ving.	aa ʒj.	
Flor. Cham.	M.	

From two teaspoonfuls to a wineglassful of this decoction (according to the age) may be taken every two, three, or four hours, as the state of the case may require. In the milder cases, the watery decoction should be employed; in the more aggravated, the cider; and in the malignant form, with strong septic tendency, the vinous decoction should be taken. In the choice of laxatives, I have given a preference to rhubarb and sulphate of potass, and to washed sulphur and magnesia (equal parts by measure of the two last), which are to be taken in milk. One or the

\* For the original use of the Capicum in Angina Maligna, and several other diseases, the reader will see *Medical Communications*, London, 1766, Vol. 2, p. 363–365, for two letters by John Collins, Esq. a West India planter, of the island of St. Vincent, who had originally been a medical practitioner.



other of these aperients is administered, if the patient pass a day without one free evacuation from the bowels.

Mild irritant applications are made to the feet and the throat. Onions, sliced, and warmed in vinegar and salt ; or mustard poultices, may be placed on the former ;—and on the latter, a little of the linimentum ammonia may be rubbed, morning and evening, externally, covering the parts afterwards with flannel ; and mullein leaves, simmered in milk, have likewise been found to be a very useful application.

Blisters to the throat have been employed by some practitioners ; but having known their injurious effects years ago, I have entirely rejected them, as they not only increase the irritation of the skin, without removing or mitigating the internal inflammation, and are very often followed by gangrene.

The diet should be light and nutritious ; consisting mostly of gruels prepared from the different kinds of farinaceous vegetables. Ripe fruit, such as an apple or pear, scraped very fine with the point of a knife, may be given to the little patient, in a raw state instead of being roasted. The drinks may be mullein and sage tea, sweetened with honey ; barley water, milk and water, toast and water, wine whey, cider and water, wine, &c.

I have seen only two or three cases where the preternatural heat of the skin was sufficiently developed to require or to justify sponging, even the limbs, with cold water and vinegar ; though Dr. Bateman formerly used the sponge with a different mode of practice in some other respects.

Under the treatment as here stated, it is very rare to meet with the common sequelæ of the disease incident to a different mode of medication ; such as anasarca, swelling and suppuration of the parotid or maxillary glands, &c. The following is an efficacious remedy when cedematous swelling does occur :

R. Uva Ursi, } aa 3ss. Boil ten minutes in a pint of water.  
Rad. Senega, }

From a tablespoonful to a wineglass of this decoction may be taken three or four times daily. This, with the vinous decoction of cinchona bark, &c. taken as often, an occasional gentle laxative, and nutritious diet, generally removes it in a few days.

During convalescence great care is required to guard against taking cold, or feeding too freely, for ten days or a fortnight. A few doses of sulphur and cream of tartar should be taken in the convalescent state.

The best preventive against this disease, as far as I am acquainted, is the capsicum mixture, used as a gargle, and a little of it swallowed, several times a day.

I have never seen the nightshade (belladonna) tried, so highly recommended by the German physicians.

In the above remarks, the Scarlatina Maligna is not separated in general from the Scarlatina Anginosa ; for as they differ from one another only in degree, the treatment must be made more or less energetic, to prevent or to meet the exigency according to the case. No other rule seems necessary to be laid down on this subject ; and when the treatment is judicious, and has been employed early enough, it is probable that no room will in general be found for the distinction in question.

January, 1833.



## INFLUENCE OF OCCUPATION ON HEALTH.—NO. IX.

[Communicated for the Boston Medical and Surgical Journal.]

THE other poisonous gases, evolved during the decomposition of the atmosphere by burning charcoal, are azote or nitrogen, and carburetted hydrogen ; and these under all circumstances exceed in amount the carbonic acid. It is a common idea that the air is not dangerous to life which will maintain the flame of a lamp. This is not strictly true. Persons have been found insensible in the same atmosphere in which a lamp or candle has continued to burn.

With respect to the use of charcoal in the arts, as in the working of silver, for instance, the coal should be placed in a flue or chimney, the draught of which is sufficiently strong to carry off the gases produced. Of the importance of this, I believe those engaged in these processes are sufficiently aware.

The vapors from burning sea coal are said to be the most noxious kind of emanation from fuel. This peculiarly injurious effect is owing to the production of sulphurous acid gas, which is formed by the union of the sulphur contained in the coal, with the oxygen of the atmosphere. The smoke from the forge, to which I have already alluded, undoubtedly contains a certain amount of this gas. I have said that this smoke was not sensibly injurious. There can be no ground, however, for the opinion expressed by some, and practised on by many, that exposure to this agent is beneficial, and that the more of it is received into the system the better. On the stomach, perhaps, the influence of smoke is not deleterious, as the sulphur is somewhat medicinal, and the charcoal rather favorable to the process of digestion. But it can be no benefit to the lungs to inhale a poisonous gas, or to be clogged with a quantity of powdered charcoal, to accumulate in their passages and impede the admission of the air. That the effect of this agent is unnoticed, proves, not that it is unreal, but that it is slow and gradual ; and asthma, or more serious difficulty of the lungs, may occur, as a consequence, without the true cause being even suspected. As a proof that smoke may produce dangerous and even fatal effects, I shall mention the following case, the facts of which are related on unquestionable authority.

In March, 1817, several of the miners at Leadhills, in Scotland, were violently affected, and some killed, in consequence, as was supposed, of the smoke of a steam engine having escaped into the workings, and contaminated the air. Four men, who attempted to force their way through this air, were unable to advance, and seem to have died immediately. The rest attempted to descend two hours after, but were suddenly stopped by the contaminated air. As soon as they reached it, although their lights burned tolerably well, they felt difficulty in breathing ; were then seized with violent pain and beating in the head, giddiness and ringing in the ears, accompanied with vomiting, palpitation and anxiety, weakness of the limbs and pains in the knees, and finally by loss of recollection. Some made their escape ; but others remained till the air was so far purified that their companions could descend to their aid. When the narrator first saw them, some were running about frantic and furious, and striking all who came in their way ; some ran off terrified when any one

approached them ; some were singing, others dancing, some praying, and others lay listless and insensible ; all who could describe their situation had violent headaches. A similar accident happened more lately at the same place ; and some have been witnessed among miners in the neighborhood of a burning mine belonging to the Devon company.

I have now to speak of another kind of combustion, namely, that of the substances commonly employed for producing light. There is no danger to be apprehended, under any circumstances, from the small amount of carbonic acid given out by a lamp or candle, when burning brightly ; but it is probable that a very small quantity of the mixed gases proceeding from the slow combustion of tallow and other oily substances, will produce dangerous symptoms. Dr. Blackadder remarked, in the course of his lectures upon flame, that the vapor into which oil is resolved previous to forming flame round the wick, excites, in small quantities, intense headache. The emanations from the burning snuff of a candle are of the same nature, and very poisonous. One instance has been recorded in which they proved fatal. A party of ironsmiths, who were carousing on a festival day, at Leipsic, amused themselves with plaguing a boy, who was asleep in a corner of the room, by holding under his nose the smoke of a candle just extinguished. At first he was aroused a little each time ; but when the amusement had been continued for half an hour, he began to breathe laboriously, was then attacked with incessant epileptic convulsions, and died on the third day.

I have introduced this account, simply that I might warn those who employ lamps evolving considerable quantities of smoke for soldering or other purposes, not to expose themselves unnecessarily to the fumes which arise from them. Even the lampblack which is discharged from the wick during this imperfect combustion, and the traces of which can often be discerned within the mouth and nostrils, is not altogether innocuous. Dupuytren, an eminent French surgeon, in examining the bodies of those who had worked much over smoky lamps, observed considerable tracts of the air passages to be filled with a black substance, which on further examination was found to consist of nearly pure charcoal.

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## **BOSTON MEDICAL AND SURGICAL JOURNAL.**

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**BOSTON, FEBRUARY 13, 1833.**

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### **REPORT ON THE CHOLERA CIRCULAR OF THE MASSACHUSETTS MEDICAL SOCIETY.**

ABOUT three months ago we published a Circular that was addressed by the Counsellors of the Massachusetts Medical Society to its members, requesting information respecting the Malignant Cholera. The following questions were proposed in that Circular, and answers to them solicited.

1. What have been the prevailing diseases in your sphere of practice, since January 1, 1832 ?

2. Has there been an unusual tendency to cholera morbus, or to diarrhoea, within your knowledge?

3. Have you seen any cases of malignant cholera, within the period above mentioned? In what circumstances did they occur?

4. Have you seen any cases of disease with symptoms peculiar to malignant cholera in any former period?

5. What treatment have you found most useful in the disorders named above, so far as you have witnessed?

We offer, below, an official report, just made, of the measure in which the design of this Circular has been accomplished.

At a meeting of the Counsellors of the Mass. Med. Society, Feb. 6, 1833, the following Report was presented, read and accepted, and ordered to be published in the newspapers.

The Committee, appointed at the last meeting of the Counsellors to consider the expediency of taking measures to collect accurate information respecting the late epidemic within this Commonwealth, ask leave to report:

That immediately after their appointment, they issued a circular letter, directed to every Fellow of the Society, containing five questions, to which they solicited answers; and from these answers they expected to obtain the information which the Counsellors sought by the appointment of the Committee. They have, however, as yet, received but twenty-nine answers; and though they contain much useful information, the Committee do not feel prepared to make a final report until they are put in possession of additional facts. They trust that this will be the case; for a large proportion of the answers which they have received have come to hand within a short time, and they have reason to hope that the Fellows of the Society are so deeply impressed with the importance of the information which the Counsellors are desirous of obtaining, that they will communicate all the facts in their possession which relate to the subject. The Committee therefore ask further time to complete the duty assigned them. All which is respectfully submitted.

Boston, Feb. 6, 1833.

By the Committee.

Editors of newspapers throughout the Commonwealth are respectfully requested to publish the foregoing report, in order that the members of the medical profession may again be reminded of the earnest wish of the Counsellors of the Mass. Med. Society, and of the Committee, that every Fellow of the Society should communicate, for the public benefit, all the facts on this important subject which may have come under his observation.

E. HALE, JR. Sec'y Mass. Med. Society.

#### THE PULSE.

The importance of the pulse, as a diagnostic, is so fully established that any argument to confirm it would be superfluous; so any attempt to detract from its character, in this respect, may be regarded as treason against established authority. No medical man terminates his visit to his patient, whatever the disease, without interrogating this monitor; and no report of symptoms is regarded as complete, if this circumstance be omitted. If, however, a practitioner should ask himself at every visit what precise inference he drew from this symptom, what change he conceived to have taken place in the system corresponding to its altered condition, we

apprehend he might at times be perplexed for an answer. In fact we have daily occasion to observe, that states of the pulse which are not, by any appreciable difference, to be distinguished from each other, are common to a variety of diseases.

Another circumstance calculated to produce perplexity in judging from the pulse, is, that the state in which it is found, at the time of a visit, is so often due to temporary causes, independent of the general operation of the malady. Thus the effect of a meal, of unusual exertion, or of mental emotion, is to accelerate the circulation; and these may happen to be operating at the time when the physician makes his visit, and may thus materially influence his opinion, so far as it is founded on this diagnostic. Celsus, with his usual good sense, remarks upon this matter in his third book. 'We trust very greatly,' says this observer, 'to the pulse, a most deceitful guide; for it is rendered slower or quicker by the age, the sex, and the peculiar temperament of the system; and frequently in a healthy system, if the stomach happens to be weakened, and sometimes even at the commencement of fever, the pulse becomes slow and soft, so that it may seem feeble when just on the eve of unusual excitement. On the contrary, it is excited and resolved by the sun's heat, by bathing, exercise, fear, anger, and any other mental affection. It will even happen, when the physician makes his visit, that the anxious doubt of the patient what will be his opinion of the case, serves to accelerate the pulse; for which reason the skilful physician does not immediately, on his arrival, take the hand of the sick man, but sits down with a cheerful countenance and inquires after his health. He then quiets his fears by persuasive discourse, and then gently applies his hand to the pulse.' This seems to be carrying the matter rather to an extreme, but the general utility of the precaution will not be disputed.

There are occasions, however, on which the benefit to be derived from this source of diagnosis is perfectly unequivocal. One of the most striking is the passage of a gallstone into the intestines. In this case the pain is extremely violent, greater than is produced by almost any degree of inflammatory affection occurring in the same region. But the circulating system remains in the mean while almost wholly unaffected. Dr. Heberden, in his Medical Commentaries, mentions a remarkable case in illustration of this. I have seen, says he, a man of courage and patience rolling himself on the floor and crying out, with the violence of this pain, which I was hardly able to lull into a tolerable state by giving nine grains of opium every twenty-four hours, to which he had never been accustomed; yet all this while his pulse was as calm and regular as it would have been in the sweetest sleep of perfect health.

On the whole, the doctrine of the pulse is very important, and very complicated. It should be learned and applied with great caution and judgment, and our present object is solely to urge the necessity of guarding against trusting too implicitly to its indications.

## WOUNDS OF THE NOSE, FROM FIRE-ARMS.

By M. BAUDENS, Surgeon-Major, and Professor in the Algerine Hospital.

WOUNDS of this nature, especially if attended with the loss of substance, singularly mar the harmony of the visage. All the resources of our art, then, ought to be put in practice to prevent such deformity.

*Loss of substance of the Lobes of the Nose—Rhinoplastic Operation—Cure.*—A soldier was shot across the base of the nose, and nearly deprived of the whole of that part. The bare nostrils exhibited a frightful appearance: but little of the septum remained; and the bones of the nose were shaken, but not shattered. I pared the edges of the wound, and, after the example of M. Larrey, detached portions of the integuments on each side over the canine fossæ; by means of which, with the aid of a few sutures, I masked the bony skeleton of the nose, and supplied the place of fibro-cartilage by allowance of integument for the base, and stuffing slightly with charpie the cavity of the artificial nostrils. In short, I succeeded in giving the organ the desired form, and especially prevented flattening at the base by the application of wooden pincers. In six weeks all was well.

*Perforation of the Right Nostril, and Stoppage of the Ball in the corresponding cavity.*—When we were at Mount Atlas, B., a soldier, who was attending me in the ambulance, received a shot in the middle of the right nostril. The ball was of the cylindrical kind. It made a large opening for itself, but remained free in the nasal fossa, without touching the septum in any remarkable manner.

*Perforation of the floor of the Nasal Cavities and of the Tongue by a Ball—Cure.*—A corporal, who was at the bottom of a ravine, was struck with a ball, coming downwards, which divided into two portions the lobe of the nose, broke part of the cartilage and the vomer, passed through the floor, pierced the tongue and soft parts situated under the median raphe between the os hyoides and the lower jaw. Another soldier received a similar wound, except that the ball stopped on the tongue, and scarcely did it any injury. In both cases, after removing the bony splinters, the lobe of the nose was replaced by sutures, and cold fomentations were applied to the parts. The first case experienced an intense glossitis, which required a deep scarification of the tongue. In other respects, the cure was complete in twenty days. There remains, of course, in both patients, an anormal communication between the mouth and nose, which will require in one of them the constant application of an obturator.

## CLOT-BEY IN PARIS.

*Presentation of Clot-Bey and his twelve Egyptian Pupils, at the Academy of Medicine, Paris.*—This was a striking scene. At an early hour, November 13th, 1832, two of the most commodious benches were occupied by the Egyptians who have come to study medicine in Paris, and in the midst of them, distinguished by the brilliant magnificence of his costume, sat Dr. Clot, physician general to the army of the Pacha of Egypt, director and founder of the school of Abouzabel. All eyes were turned on this interesting groupe. The young foreigners have dark, strongly-marked features, and wear no beards. They have a distinction of rank among them—a chief, with his assistants and sub-assistants: these were clad in a scarlet vest and pantaloons, richly embroidered with gold; on

their heads a red cap, in the Grecian fashion. The remainder of the pupils wore a simple blue dress, and cap of the same color. M. Clot, in addition to the richly-embroidered scarlet costume, wore a splendid Cachmere for a turban, and a superb damask for a girdle : on his breast were diamond stars. He looked perfectly oriental : one should know beforehand that he was a native of France, otherwise it would be difficult not to suppose him an Egyptian.

The Academy was in the highest degree anxious to hear from M. Clot an account of his proceedings in Egypt, and the President, as interpreter of the general wish, invited the visitor to gratify it. M. Clot accordingly approached the bureau, and began his story in the midst of profound silence. After a few words of apology for his want of habit in addressing an audience in the French language, he thus proceeded :—

‘I lived at Marseilles, a practitioner of some years standing, when I was applied to by an agent of the viceroy of Egypt. I was invited to undertake the organization of the service of health in that country. I consented, and, with a few attendants, embarked in January, 1825. I was charged at first with the military service. The troops of the pacha, at that time in Lower Egypt, amounted to about 25,000 men ; the remainder of the army was in the Morea. The officers of health were all of the lowest and meanest description—persons who had risen, from being hospital attendants, to the rank of practitioners-in-chief—and all without any examination into their abilities. The pacha entreated me to organize the service after the French mode.

I found, in the first place, a supreme board of health, consisting of the first physician of his highness, his physician in ordinary, and a practitioner of the Court. I did not join this board : I was appointed physician-general to the army. I then set my plans to work ; the first of which was to examine every officer of health, and to reject those who should prove insufficient. Of course this made me many an enemy ; for many an ignorant person was dismissed : I narrowly escaped death from the hand of an assassin who struck me in the amphitheatre.

My officers of health were honored with military insignia, which contributed at first very much to increase the jealousy conceived against them ; but that also passed away.

The Pacha's army now amounted to 60,000 men, and there was a grievous want of medical officers. To remedy this want, I proposed to convert the hospital of Abouzabel, which is near Heliopolis, and within about four leagues of Cairo, into a medical school. I collected a hundred young Arabs for my first pupils.

But now began my real difficulties. How was I to teach these young people, with whose language I was unacquainted ?

I happened to find at Cairo three individuals who understood French, Italian, and Arabic ; but they knew nothing of medicine. I said to them, “Come, you shall be physicians ; but first you must be scholars.” I gave them a lecture, and said, “Now you have had your first lecture ; study it, and write it for me in Arabic.” To assure myself of the correctness of the translation, I had it re-translated into French. It was then dictated to the young Arabs, who wrote it down, and were examined through the interpreters. In this way I got through a course of anatomy.

Our theoretical mode of instruction soon began to fail us ; we found that we should proceed practically to work with the *dead body*. This, however, looked like an insurmountable difficulty. The viceroy would



not undertake the responsibility of permitting it : the minister of war was equally unwilling to give his sanction. One method alone remained for me, and that I resolved to try. I visited the Ulemas, the Mohammedan priests. These functionaries were long sensible of the decline of their influence, and saw that it could only be recovered through the study of medicine—the people having such a veneration for the Franks, all of whom they conceive to be physicians, and whom they generally respect by tendering them their pulse to feel. The chief of the Ulemas, a superior man, did not refuse to reason with me on the matter. His principal objections were these :—How was it possible to remove the idea of profanation which the Egyptians attached to the violation of the dead ? And how could we satisfy the theological notion that the dead are sensible of the tortures inflicted upon their inanimate remains ? I readily disposed of the latter objection. “Suppose,” said I, “that the dead do really feel the torture of dissection, how are they better off if they wait to be gnawed by the worms ? their pains can only be anticipated by a few hours ; and should those pains be any objection, when the health and well-being of thousands of the living are depending upon them ?” And as to the general utility of anatomy, I asked, “How would you best make yourself acquainted with the mechanism of a watch ? Should you not take it to pieces and examine every part in detail ?” “Well, well,” replied the chief priest, “go on, dissect ; but mind I do not give you leave ; I will only say nothing ; I will not hinder my children from dissecting.” It now only remained to overcome the repugnance of the pupils, and to secure myself from the dangers of popular prejudice. The pupils I gradually habituated to the contact of the dead body ; and before three months they were all warm advocates of dissection. Through them also I obviated the risk that might arise from popular abhorrence. The pupils persuaded their parents and friends, and *they* the rest of the people ; after which everything went on smoothly. I even invited the Ulemas to witness our proceedings. The chief Ulema attended ; and even Ibrahim Pacha himself, with some of the officers of his court, assisted at an entire lecture on anatomy. (*General murmur of approbation through the Academy.*)

Five years thus rolled on, consecrated to the business of instruction. The land forces were now supplied with medical officers, but the navy was still deficient ; the expedition into Syria also required a supply. There was thus a rapid demand for my pupils ; and when the cholera came they were all put in requisition. The cholera, as it ravaged Cairo, was a far more dreadful scourge than was ever known there before. In 29 days it cut off 60,000, out of a population of 260,000. The utmost that the plague ever cut off was 40,000 in the course of six months. All my pupils, as I said, were employed during the epidemic. One of them, now present, was attached to the household of the Pacha, and treated sixty cases with success. I lost, however, twenty or thirty of my pupils (out of 150) during the ravage of the cholera. Abouzabel, which contains about 1800 inhabitants, lost one half its population.

It was after the visitation of this pestilence, when the pupils reassembled, that I sent out a hundred of them to join the expedition in Syria.

I attribute the wonderful progress made in the school of Abouzabel to the method of mutual instruction which we adopted there, and mainly to the excellent capacity of the Arabs, who are very intelligent, smart, and possessed of great powers of retention.

But to conclude. It was in consequence of observing the little stabi-



lity of strangers in Egypt, and of being persuaded of the paramount advantages of native teachers, that I proposed to the Pacha, to whose inexhaustible benevolence I was so much indebted, to send into Europe a certain number of young men to be instructed in the schools of medicine, and who should bring back with them a store of professional information. Mehmet Ali readily acceded to my request. He chose France; and commissioned me to select twelve of my pupils, whom I should conduct to my country. I only regretted that I could not take them all.

With regard to myself I have been requested by the Pacha to wear in France the oriental costume, that my countrymen might see that I was raised to the rank of Bey. I have sacrificed nothing for this dignity; I have waived no opinion; I have compromised no duty of conscience. The toleration of my kind patron is without bounds; and, however true it may be that certain Frenchmen have attained the dignity of pacha, by changing their religion and becoming Turks, I have made no such sacrifice: it was not even demanded that I should. I am both a Bey and a Christian! I accepted, with pleasure and gratitude, a title which I did not solicit, and one, I may add, which is worth much to me in a pecuniary point of view. My appointments, which were originally fixed at 8000 francs, were afterwards raised to 12,000; but, by the addition of the title, I am the possessor of 36,000 francs per annum. Nor is the title of Bey all: the Pacha insisted also upon giving me the rank of a colonel. He wished, he said, that I should be distinguished from my professional brethren by the decoration of a star; and in bestowing it on me, he tapped me familiarly on the shoulder, and said with a smile, "This will make you less a Christian!"

M. Clot's interesting recital was followed by the most marked applause from all parts of the Academy.—*London Med. Gaz.*

**Rupture of the Stomach, consequent upon Sneezing.**—A girl, aged seventeen years, in whom the digestive functions appeared to be carried on in a perfectly natural way, was attacked, immediately after a violent act of sneezing, with peritonitis, which soon terminated in death. The post mortem examination, discovered a perforation in the anterior portion of the stomach, near to the cardiac orifice. The opening was larger within than without; and yet the mucous membrane, in spite of its great apparent loss of substance, was so much distended as to be approximated, at the external orifice, to the serous membrane. This circumstance evinced the possibility of the extension of the mucous membranes, so as to aid in the formation of cicatrices, or that the perforation closed by a pseudo-membrane had been suddenly renewed by an act of sneezing.

*Journal de Chimie Médicale.*

\* *Senex* was received too late for the present number.

Whole number of deaths in Boston for the week ending Feb. 8, 17. Males, 6—Females, 11. Of lung fever, 1—consumption, 2—infantile, 2—inflammation of the lungs, 1—old age, 2—pleurisy, 1—suffocation, 1—typhous fever, 1—paratyphoid, 1—liver complaint, 1—suicide, caused by intemperance, 1—teething, 1—hooping cough, 1. Stillborn, 2.

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